



TFW 2839

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 09/746,716

Filing Date December 22, 2000

First Named Inventor Grube et al.

Art Unit 2839

Examiner Name Neil Abrams

Attorney Docket Number P130-US

### ENCLOSURES (Check all that apply)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input checked="" type="checkbox"/> Fee Attached                          | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply                       | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request             | <input checked="" type="checkbox"/> Terminal Disclaimer                   | <input type="checkbox"/> Other Enclosure(s) (please identify below):                    |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund                               |   |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____                        |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> Landscape Table on CD                            |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   |   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name Kirton & McConkie

Signature

Printed name

N. Kenneth Burraston

Date

December 14, 2005

Reg. No.

39,923

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

Erin Cowles

Date

December 14, 2005

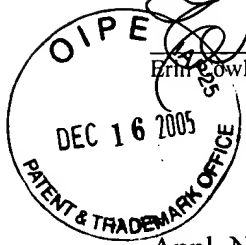
This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**CERTIFICATE OF TRANSMISSION/MAILING**

Ref. No.: 12439-0067

I hereby certify that this correspondence is being facsimile transmitted to the USPTO at (571) 273-8300 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 14, 2005.

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 09/746,716  
Applicant : Grube et al  
Filed : December 22, 2000  
TC/A.U. : 2839  
Examiner : Neil Abrams

Confirmation No. 1179

Docket No. : P130-US

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**FEE TRANSMITTAL**

To Whom It May Concern:

**1. Total Fee Paid: \$580.00****2. Method of Payment:**

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account

Account Number 500843

Account Name Kirton &amp; McConkie

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

to the above-identified deposit account.

**3. Fee For Extra Claims:**

Extra Claims					Fee/Claim		Fee Paid
Total Claims	73	- 73 *	=	0	x	50	= 0
Indp. Claims	6	- 6 **	=	0	x	200	= 0
Multiple Dependent Claims					x	360	= 0

\* 20 or highest number of total claims previously paid for.

\*\* 3 or highest number of independent claims previously paid for.

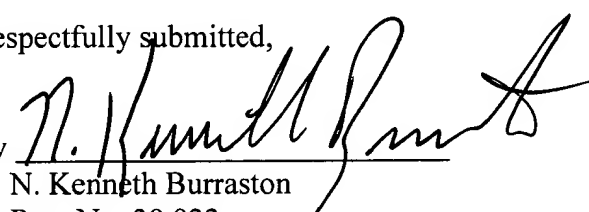
**4. Additional Fees:**

Fee Description	Fee Paid
Surcharge – late filing fee or oath (\$130)	
Extension of one month (\$120)	
Extension of two months (\$450)	\$450
Extension of three months (\$1020)	
Extension of four months (\$1590)	
Extension of five months (\$2160)	
Notice of Appeal (\$500)	
Filing appeal brief (\$500)	
Request for oral hearing (\$1000)	
Submission of IDS (\$180)	
Record patent assignment (\$40)	
RCE (\$790)	
Fee for Terminal Disclaimer (\$130)	\$130
Fee for extra claims (from above):	
Other: Suspension of Action	
<b>Total:</b>	<b>\$580.00</b>

Date: December 14, 2005

Respectfully submitted,

By

  
N. Kenneth Burraston  
Reg. No. 39,923

Kirton & McConkie  
1800 Eagle Gate Tower  
60 East South Temple  
P.O. Box 45120  
Salt Lake City, Utah 84111-1004  
Telephone: (801) 323-5934  
Fax: (801) 321-4893